



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Baptist St Anthony's Hlth

Respondent Name

WC Solutions

MFDR Tracking Number

M4-13-1387-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

February 4, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "As these services were not subjected to a prior medical necessity review, we ask that you evaluated the treatment in question pursuant to 28 Tex. Admin. Code §19.2015 (Regarding "Utilization Review for Healthcare Provided Under Workers' Compensation Insurance Coverage") This section specifically allows for "Retrospective Review of Medical Necessity," and requires carriers to perform "such retrospective review ... under the direction of a physician."

Amount in Dispute: \$5,113.13

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "These 4 CPT codes, 97140, 97033, 97010 and 97035 required preauthorization in accordance with rule 134.600(p)(5)..."

Response Submitted by: Starr Comprehensive Solutions Inc., P.O. Box 801464, Houston, TX 77280

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|--------------------|---------------------------|-------------------|------------|
| March 9 – 29, 2012 | Physical Therapy Services | \$5,113.13 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the procedures for preauthorization, concurrent utilization review, and voluntary certification of health care.
3. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W1 – Workers compensation state fee schedule adjustment
 - 197 – Payment denied/reduced for absence of precertification/preauthorization
 - 193 – Original payment decision is being maintained
 - 16 – No documentation submitted to support these charges as previously requested from the provider on

4/12/12 and not received.

Issues

1. Was the service in dispute subject to prior authorization?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Labor Code §134.600 states in pertinent part, (f) The requestor or injured employee shall request and obtain preauthorization from the insurance carrier prior to providing or receiving health care listed in subsection (p) of this section..., ...(p)(5) physical and occupational therapy services...;
Review of the submitted documentation finds the following.

| Date of Service | Submitted Code | Units | Amount Billed | Amount Paid | Denial Reason | Amount Due |
|-----------------|----------------|-------|---------------|-------------|--|------------------------------|
| 03/09/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/12/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/13/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/19/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/20/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/22/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/26/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/27/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/29/2012 | 97140 | 2 | 337.26 | 0.00 | 16 – Documentation does not support billed services | n/a - no authorization found |

| | | | | | | |
|------------|-------|---|--------|-------|--|---|
| | | | | | 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | |
| 03/29/2012 | 97110 | 2 | 295.24 | 94.28 | 16 – Documentation does not support billed services W3 – Additional reimbursement made on reconsideration W1 – Workers Compensation State Fee Schedule Adjustment | Approximate Maximum Allowable (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price = MAR or $(54.86 / 34.0376) \times 28.34 = \$45.68 \times 2 \text{ units} = \91.36 Carrier paid \$94.28 No additional reimbursement due |
| 03/09/2012 | 97110 | 1 | 147.62 | 47.14 | 16 – Documentation does not support billed services W3 – Additional reimbursement made on reconsideration W1 – Workers Compensation State Fee Schedule Adjustment | Approximate Maximum Allowable (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price = MAR or $(54.86 / 34.0376) \times 28.34 = \45.68 Carrier paid \$47.14 no payment due |
| 03/12/2012 | 97110 | 1 | 147.62 | 47.14 | 16 – Documentation does not support billed services W3 – Additional reimbursement made on reconsideration W1 – Workers Compensation State Fee Schedule Adjustment | Approximate Maximum Allowable (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price = MAR or $(54.86 / 34.0376) \times 28.34 = \45.68 Carrier paid \$47.14 no payment due |
| 03/13/2012 | 97110 | 1 | 147.62 | 47.14 | 16 – Documentation does not support billed services W3 – Additional reimbursement made on reconsideration W1 – Workers Compensation State Fee Schedule Adjustment | Approximate Maximum Allowable (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price = MAR or $54.86 / 34.0376 \times 28.34 = \45.68 Carrier paid \$47.14 no payment due |
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| 03/26/2012 | 97110 | 1 | 147.62 | 47.14 | 16 – Documentation does not support billed services W3 – Additional reimbursement made on reconsideration W1 – Workers Compensation State Fee Schedule Adjustment | Approximate Maximum Allowable (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price = MAR or $54.86 / 34.0376 \times 28.34 = \45.68 Carrier paid \$47.14 no payment due |
| 03/27/2012 | 97110 | 1 | 147.62 | 47.14 | 16 – Documentation does not support billed services W3 – Additional reimbursement made on reconsideration W1 – Workers Compensation State Fee Schedule Adjustment | Approximate Maximum Allowable (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Non-Facility Price = MAR or $54.86 / 34.0376 \times 28.34 = \45.68 Carrier paid \$47.14 no payment due |
| 03/12/2012 | 97033 | 1 | 39.82 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |

| | | | | | | |
|------------|-------|---|----------|--------|--|------------------------------|
| 03/13/2012 | 97010 | 1 | 37.29 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/09/2012 | 97035 | 1 | 31.90 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/22/2012 | 97035 | 1 | 31.90 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/26/2012 | 97035 | 1 | 31.90 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/27/2012 | 97035 | 1 | 31.90 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| 03/19/2012 | 97039 | 1 | 26.51 | 0.00 | 16 – Documentation does not support billed services 193 – Original payment decision is being maintained 197 – Payment denied/reduced for absence of precertification/authorization | n/a - no authorization found |
| TOTAL | | | 4,742.76 | 471.40 | | \$0.00 |

The carrier did not deny for medical necessity therefore retrospective review of medical necessity is not applicable. The carrier denied the service as, 197 – “Payment denied/reduced for absence of precertification/preauthorization.” The carrier’s denial is supported.

28 Texas Administrative Code §134.203 states in pertinent part, “Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies... in effect on the date a service is provided...” Total allowable for authorized services is \$450.68. Carrier paid \$471.40. No additional payment can be recommended.

- Requirement for prior authorization not met, no additional reimbursement recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 28, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.